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ABSTRACT

This testimony on federal assistance for homeless people is based on issued reports and testimony over recent years. It highlights: (1) the federal approach to assisting homeless people; (2) actions of the Department of Housing and Urban Development (HUD) to overcome coordination and administrative challenges posed by its homelessness programs; (3) inability of homeless people to access and use federal mainstream programs available to low income people generally; and (4) issues to address in considering future homelessness policies. Overall, the federal approach to assisting homeless people includes 50 programs administered by eight federal agencies (16 targeted for the homeless and the rest mainstream). Under the varying eligibility and funding requirements of HUD's four McKinney-Vento Act programs, HUD has been challenged to ensure adequate coordination among programs without creating undue administrative burdens for states and communities. Homeless people are often unable to access federal mainstream programs because of the inherent conditions of homelessness and the structure and operations of the programs themselves. Consolidating HUD's McKinney-Vento programs could help reduce the administrative burden on HUD, though the government must also alleviate barriers faced by homeless people as they seek mainstream services. (SM)

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HOMELESSNESS

Improving Program Coordination and Client Access to Programs

Statement of Stanley J. Czerwinski
Director, Physical Infrastructure Issues

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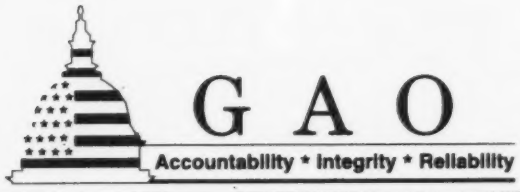

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Mr. Chairman and Members of the Subcommittee:

We are here today at your request to discuss federal assistance for homeless people. As you know, homelessness in America is a complex issue. Many people are homeless for only a short time and get back on their feet with minimal assistance, but others are chronically homeless and need a range of intensive and ongoing assistance in addition to housing. In the late 1980s, Congress recognized that existing programs were not effectively meeting the needs of homeless people. Consequently, Congress passed the Steward B. McKinney Homeless Assistance Act (now known as the McKinney-Vento Homeless Assistance Act) in 1987 as a comprehensive federal response to homelessness. As part its fiscal year 2003 budget submission, the Administration announced that it has made ending chronic homelessness in the next decade a top objective. The Department of Housing and Urban Development (HUD) is responsible for helping the homeless toward self-sufficiency, in part, through four key McKinney-Vento Act programs, the Emergency Shelter Grants program, the Supportive Housing Program, the Shelter Plus Care program, and the Section 8 Single-Room Occupancy program.[1] Low-income people, including those who are homeless, can also receive a wide range of assistance—such as housing, food, health care, transportation, and job training—through an array of mainstream federal programs, such as the Food Stamp Program and Medicaid.

Our testimony today is based primarily on issued reports and testimony over the past 4 years. We will focus on the (1) federal approach to assisting homeless people, (2) actions HUD has taken to overcome the coordination and administrative challenges posed by its homelessness programs, (3) inability of homeless people to access and use federal mainstream programs that are available to low-income people generally, and (4) issues that should be addressed in considering future homelessness policies.

In summary:

- The federal approach to assisting homeless people includes 50 programs administered by 8 federal agencies. Sixteen of these programs are

[1] HUD is also responsible for several other McKinney and non-McKinney programs that provide housing and services for homeless people. In addition, other federal agencies are responsible for homeless assistance programs authorized by the McKinney Act.

targeted, or reserved for the homeless, and the rest are mainstream programs. In part because of the difficulties that homeless people have accessing mainstream programs, much of the assistance provided under the targeted programs mirrors the assistance provided under the mainstream programs. Targeted programs were funded at about $1.7 billion in fiscal year 2001.

- Under the varying eligibility and funding requirements of HUD's four McKinney-Vento Act programs, it has been a challenge for HUD to ensure that adequate coordination occurs among the programs without creating undue administrative burdens for the states and communities. HUD has taken actions that have improved the coordination of homeless assistance programs within communities and have helped reduce some of the administrative burdens that separate programs cause.
- Homeless people are often unable to access and use federal mainstream programs because of the inherent conditions of homelessness as well as the structure and operations of the programs themselves. All low-income populations face barriers to applying for, retaining, and using the services provided by mainstream programs; however, these barriers are compounded by the inherent conditions of homelessness, such lack of a permanent address or a phone number. In addition, the underlying structure and operations of federal mainstream programs are often not conducive to ensuring that the special needs of homeless people are met.
- As we testified previously, consolidating HUD's McKinney-Vento programs is a step that could help reduce the administrative burden on HUD. However, to meet the goal of ending chronic homelessness in 10 years, another important step for the Administration and the Congress is to alleviate the barriers that homeless people encounter as they seek services from mainstream programs. A number of long-standing and complex issues such as improving the integration and coordination of federal programs, ensuring an appropriate system of incentives for serving homeless people, and holding mainstream programs more accountable for serving homeless people will need to be addressed in order to alleviate the barriers to accessing mainstream programs.

Background

Homelessness in America is a significant and complex problem. According to a survey conducted for the federal Interagency Council on the Homeless in 1996, 85 percent of homeless clients were single, predominately male and nonwhite, and almost 40 percent had less than a high school diploma.[2]

[2] Martha R. Burt, et al, *Homelessness: Programs and the People They Serve* (Washington, D.C.: Urban Institute, Aug. 1999).

About one quarter of those who used the programs were veterans. About 15 percent of homeless clients were families that had on average, two children. Forty-two percent of homeless clients reported that finding a job was their top need followed by a need for help in finding affordable housing. Almost 60 percent reported at least one problem with getting enough food to eat during the 30 days before being interviewed. About 40 percent reported alcohol problems in the past month, 26 percent reported drug problems, and 39 percent reported mental health problems during that period. As the survey demonstrates, the homeless population is far from homogenous. For many homeless people, particularly those in homeless families, homelessness is a short-term or episodic event. These individuals may require little more than emergency shelter to help them through a difficult situation. For other homeless people, particularly those with severe substance abuse or mental health disorders, homelessness is a chronic condition; these individuals may require intensive and ongoing supportive services in addition to housing. As a result, the types of assistance that different homeless people and families require vary greatly.

HUD has responsibility for administering a homeless assistance grant account funded at about $1 billion in fiscal year 2002. The homeless assistance grant account was created to provide funding for HUD's four key homeless assistance programs:

Emergency Shelter Grants: This program is intended to improve the quality of existing emergency shelters for homeless people and makes additional shelters available for this population. In addition, the program is designed to help grantees meet the costs of operating shelters, provide essential social services to homeless people, and prevent homelessness. This program provides formula grants to states, metropolitan cities, urban counties, and territories in accordance with the distribution formula used for HUD's Community Development Block Grant program.[3] According to HUD, grantees are generally notified of their annual Emergency Shelter Grant allocation before the start of each calendar year.

Supportive Housing Program: This program is intended to promote the development of supportive housing and services, including innovative approaches to help homeless people make the transition from

[3] The Community Development Block Grant is a formula grant program through which HUD provides assistance to communities to help them develop viable communities that provide decent housing and a suitable living environment and expand economic opportunities, primarily for low- to moderate-income people.

homelessness and enable them to live as independently as possible. States, local governments, other governmental entities (such as public housing authorities), private nonprofit organizations, and community mental health associations that are public nonprofit organizations can annually compete for supportive housing grants through a national competition. These grants may be used to provide (1) transitional housing for up to 24 months and up to 6 months of follow-up services for residents who move to permanent housing; (2) permanent housing with appropriate supportive services for homeless people with disabilities to enable them to live as independently as possible; (3) supportive services only, with no housing; (4) safe havens for homeless individuals with serious mental illness;[4] and (5) innovative approaches to help develop supportive housing that will meet the long-term needs of homeless people. The term for initial grants made under this program is up to 3 years.

Shelter Plus Care: This program provides rental assistance for hard-to-serve homeless people with disabilities along with supportive services that are funded from other sources. States, units of general government, and public housing authorities are eligible to apply for project grants through a national competition. Grants can be used to provide rental assistance payments for either 5 or 10 years depending on the type of rental assistance requested and whether the grantee meets other program requirements.

Section 8 Single-Room Occupancy Moderate Rehabilitation: The Single-Room Occupancy program brings more standard single-room occupancy units into the local housing supply and makes them available to homeless individuals. These housing units are intended for occupancy by a single person and may or may not contain either food preparation or sanitary facilities. Under this program, HUD enters into annual contracts with public housing authorities for the moderate rehabilitation of residential properties so that when the work is done, the properties will contain multiple single-room units. The public housing authority is responsible for selecting properties that are suitable for rehabilitation and for identifying landlords who would like to participate in the program. Under this program, public housing authorities and private nonprofit organizations

[4] Safe havens—supportive housing serving hard to reach homeless people with severe mental illness who are living on the street—are authorized as a separate program under title IV, subpart D, of the McKinney-Vento Act. However, because Congress has not funded this program, HUD has elected to provide funding for safe havens under the Supportive Housing Program.

are eligible to compete for rental subsidies through an annual national competition. Rental assistance payments are provided for a period of 10 years.

A Wide Range of Federal Assistance is Available for Homeless People

As we reported in February 1999, 50 federal programs administered by 8 federal agencies can provide services to homeless people.[5] Of the 50 programs, 16 are targeted, or reserved for the homeless; and 34 are mainstream programs. Although all the mainstream programs may serve homeless people, the extent to which they do so is generally unknown because the primary purpose of these programs is to serve low-income—not homeless—people; therefore, most of the programs do not track the number of homeless people served. In fiscal year 2001, the targeted programs were funded at roughly $1.7 billion.

Both targeted and mainstream programs provide an array of services, such as housing, health care, job training, and transportation. In some cases, programs operated by more than one agency offer the same type of service. As shown in table 1, 23 programs operated by 4 agencies offer housing, such as emergency shelter, transitional housing, and other housing assistance. Twenty-six programs administered by 6 agencies offer food and nutrition services, including food stamps, school lunch subsidies, and supplements for food banks.

[5] U.S. General Accounting Office, *Homeless: Coordination and Evaluation of Programs Are Essential*, GAO/RCED-99-49 (Washington, D.C.: Feb. 26, 1999).

Table 1: Types of Services that Can Be Provided through Targeted and Mainstream Programs

	Federal agency programs								
Type of service provided	**USDA**	**Education**	**FEMA**	**HHS**	**HUD**	**Labor**	**SSA**	**VA**	**Total**
Housing/shelter/rent assistance	0	0	1	8	11	0	0	3	**23**
Primary health care	0	0	0	10	4	0	0	2	**16**
Mental health	0	0	0	10	4	0	0	3	**17**
Substance abuse treatment	0	0	0	9	4	0	0	3	**16**
Education	0	2	0	8	4	1	0	2	**17**
Employment and job training	1	0	0	4	4	5	0	2	**16**
Food and nutrition	10	1	1	7	4	0	0	3	**26**
Homelessness prevention	0	0	1	6	3	0	0	0	**10**
Income support	0	0	0	2	0	0	1	0	**3**
Transportation	0	0	1	9	4	1	0	2	**17**
Case management[a]	0	0	0	15	4	0	0	3	**13**

[a]Includes counseling activities for individuals, such as conducting an assessment of an individual's service needs; referring an individual for, or assisting an individual with, obtaining additional services; and following up after a client leaves the program.

Source: GAO analysis of program information supplied by the agencies.

In addition, some of the programs are available to the general homeless or low-income population; others are reserved for specific groups within these populations. As shown in table 2, only 4 of the 16 targeted programs, including HUD's Supportive Housing Program and FEMA's Emergency Food and Shelter Program, serve the homeless population as a whole. The remainder serve specific subgroups of homeless people. For example, five of the targeted programs serve only homeless children and youth; and four other targeted programs serve only homeless veterans. Similarly, of the 36 mainstream programs, 14 programs, such as Medicaid, are available to all low-income persons who meet eligibility criteria. Eight programs, such as Head Start, are available only to low-income children and youth.

Table 2: Groups Eligible to Receive Services through Targeted and Mainstream Programs

	Program type		
Eligible group/ subgroup	Targeted—for homeless people	Mainstream—for low-income people	Total
General	4	14	18
Children and youth	5	8	13
Adults	1	1	2
Elderly	0	2	2
Women and children	0	3	3
Persons with mental illnesses	1	1	2
Persons with HIV/AIDS	1	2	3
Persons with substance abuse disorders	1	1	2
Veterans	4	1	5
Disabled persons	1	2	3
Migrants	0	1	1
Total	**18**	**36**	**54**

Note: The total exceeds the number of programs because some programs provide services to more than one group or subgroup.

Source: GAO analysis of program information supplied by the agencies.

HUD Has Taken Some Actions to Address Coordination and Administrative Challenges in its Targeted Homeless Programs

Collectively, HUD's McKinney-Vento programs provide a wide variety of housing and services to meet the diverse needs of several segments of the homeless population. However, as we testified in May 2000, although the differences in these programs are meant to serve the diverse needs of a broad spectrum of homeless people, they also create coordination and administrative challenges because each program must be implemented according to differing legislative requirements.[6] For example, state governments can receive Emergency Shelter, Supportive Housing Program, and Shelter Plus Care grants but not Single-Room Occupancy grants. Similarly, private nonprofit organizations can apply for Supportive Housing Program and Single-Room Occupancy grants but not Emergency Shelter and Shelter Plus Care grants. Coordination can be further complicated by the differences in eligible activities. For example, although Emergency Shelter and Supportive Housing Program grants can be used to provide supportive services, Shelter Plus Care and Single-Room

[6] U.S. General Accounting Office, *Homelessness: Consolidating HUD's McKinney Programs*, GAO/T-RCED-00-187 (Washington, D.C.: May 23, 2000).

Occupancy grants cannot be used for supportive services. Table 3 compares some of the requirements among HUD's four McKinney-Vento programs, including (1) the type of grant, (2) the organizations eligible to apply for funding, (3), the types of services that can be provided, (4) the types of activities eligible for funding, (5) the types of homeless people each program can serve, (6) the initial time period for which funds are available, and (7) the amount of matching funds required.

Table 3: Requirements of Four HUD McKinney-Vento Programs

Program Requirement	Emergency Shelter Grants	Supportive Housing Program	Shelter Plus Care	Single-Room Occupancy
Type of grants	Formula grant	Competitive grant	Competitive grant	Competitive grant
Eligible applicants	States Metropolitan cities Urban counties Territories	States Local governments Other governmental agencies Private nonprofit organizations Community mental health centers that are public nonprofit organizations	States Local governments Public housing authorities	Public housing authorities Private nonprofit organizations
Eligible program services	Emergency shelter Essential social services	Transitional housing Permanent housing for people with disabilities Supportive services only Safe havens Innovative supportive housing	Tenant based rental assistance Sponsor based rental assistance Project based rental assistance SRO based rental assistance	Single-room occupancy housing
Eligible activities	Renovation/ conversion Major rehabilitation Supportive service Operating costs Homelessness prevention activities	Acquisition Rehabilitation New construction Leasing Operating and administrative costs Supportive services	Rental assistance	Rental assistance
Eligible population	Homeless individuals and families People at risk of becoming homeless	Homeless individuals and families for transitional housing and supportive services Disabled homeless individuals for permanent housing Hard-to-reach mentally ill homeless individuals for safe havens	Disabled homeless individuals and their families	Homeless individuals
Initial term of assistance	1 year	Up to 3 years	5 or 10 years	10 years

Program Requirement	Emergency Shelter Grants	Supportive Housing Program	Shelter Plus Care	Single-Room Occupancy
Matching funds	States: no match for first $100,000 and dollar-for-dollar match for rest of funds. Local governments: dollar-for-dollar match for all funds.	Dollar-for-dollar match for acquisition, rehabilitation, and new construction grants. Operating costs must be shared by 25 percent in the first 2 years and 50 percent in the third year. A 25-percent match for supportive service grants No match for grants used for leasing or administrative costs.	Dollar-for-dollar match of the federal shelter grant to pay for supportive services	No match required

Source: GAO presentation of information on HUD's programs.

HUD has taken steps to improve coordination among its McKinney-Vento programs and reduce the administrative burden caused by different program requirements. First, in 1993 HUD implemented a process called the "Continuum of Care" to encourage and enable localities to develop a coordinated and comprehensive community-based approach for program and service delivery to homeless people. The Continuum of Care process is designed to build partnerships among localities, states, nonprofit organizations, and the federal government. Funding for the housing and service needs identified by communities within their Continuum of Care plans is available through HUD's McKinney-Vento programs. HUD also requires that the planning and implementation of the Continuum of Care process take place within the broader context of the community's 5-year Consolidated Plan. The Consolidated Plan describes how resources from HUD's key community development programs, such as the Community Development Block Grant, will be used to create long-term development within a community.

In our July 2000 review of HUD's funding for these programs, we found that most projects that communities ranked as high priority were awarded funding.[7] We also reported that although most communities that applied for funds during the 1999 competition had few, if any, problems in understanding HUD's application requirements and completing their paperwork, more than one-third had significant problems. Community representatives we spoke with suggested a number of actions that HUD

[7] U.S. General Accounting Office, *Homelessness: HUD Funds Eligible Projects According to Communities' Priorities*, GAO/RCED-00-191 (Washington, D.C.: July 24, 2000).

could take to alleviate the problems they experienced, such as better training for applicants and field office staff, more use of technology to provide access to information, and a simpler application format.

Second, to support the coordination and planning inherent in the Continuum of Care process and streamline and simplify the administration of the McKinney-Vento competitive grant programs, HUD combined the separate competitions for the Supportive Housing Program, Shelter Plus Care, and Single-Room Occupancy programs into one competitive process in 1998. Before HUD combined the application process, these three competitive grant programs had different time frames, application processes, and selection criteria. Under the current application process, communities are required to provide a Continuum of Care plan and an individual application for each project in that plan for which funds are being requested from any of the three programs. In addition, HUD now uses the same core rating criteria for making award decisions for all three programs. By streamlining the application process, HUD's goal was to lower the costs and problems of program administration for service and housing providers, with the expectation that this would enable providers to spend more of their resources on implementing the programs.

For several years, HUD proposed legislation to consolidate its McKinney programs into a single homeless assistance grant program and deliver these funds to communities through block grants. HUD requested this legislation because it believed that consolidation would create a simpler, less paper-intensive system through which localities could develop coordinated community-based efforts to address and prevent homelessness. Although subsequent congressional action resulted in a single appropriation for HUD's four McKinney-Vento homeless assistance programs, consolidating legislation has not yet been enacted. As we testified in May 2000, HUD has made a considerable effort in trying to improve coordination and streamline the programs within the existing legislative framework. However, there is little more that HUD can do within the existing legislative framework. Recognizing the need to move further, both your bill and the Administration's budget propose consolidating HUD's McKinney-Vento programs.

Homeless People Encounter Barriers to Using Mainstream Programs

Despite the availability of a wide array of programs, we reported in July 2000 that homeless people are often unable to access and use federal mainstream programs because of the inherent conditions of homelessness as well as the structure and operations of the programs themselves.[8] All low-income populations face barriers to applying for, retaining, and using the services provided by mainstream programs; however, these barriers are compounded by the inherent conditions of homelessness, such as transience, instability, and a lack of basic resources. For example, complying with mainstream programs' paperwork requirements and regularly communicating with agencies and service providers can be more difficult for a person who does not have a permanent address or a phone number.

Furthermore, as we reported in July 2000, the underlying structure and operations of federal mainstream programs are often not conducive to ensuring that the special needs of homeless people are met. Federal programs do not always include service providers with expertise and experience in addressing the needs of homeless people. These providers may not be organized or equipped to serve homeless people, may not be knowledgeable about their special needs, or may not have the sensitivity or experience to treat homeless clients with respect. For example, many providers delivering Medicaid services for states are not adept at dealing with homeless patients' special needs and characteristics, such as their inability to store medicines or their lack of adequate shelter, nutrition, and hygiene.

In addition, we noted that federal mainstream programs may not provide adequate incentives for service providers to serve the homeless population. Homeless people often have multiple needs, more severe problems, and fewer resources than other segments of the low-income population. Therefore, they can be a comparatively more expensive and difficult population to serve. States, localities, and service providers who receive federal funds but face resource constraints may therefore be deterred from making the special efforts that are needed to reach out to and serve the homeless population. Also, the federal government's performance-based approach to measuring program outcomes, although beneficial in many respects, can inadvertently create disincentives for states, local areas, or individual providers to serve the most challenging

[8] U.S. General Accounting Office, *Homelessness: Barriers to Using Mainstream Programs*, GAO/RCED-00-184 (Washington, D.C.: July 6, 2000).

populations, such as homeless people. This is because programs that focus on hard-to-serve populations, such as homeless people, may not have outcomes that are as successful as programs that focus on more mainstream and easier-to-serve populations.

As we and others have reported in the past, the federal government's system for providing assistance to low-income people is highly fragmented. Each federal assistance program usually has its own eligibility criteria, application, documentation requirements, and time frames; moreover, applicants may need to travel to many locations and interact with many caseworkers to receive assistance. Among other things, this fragmentation can make it difficult to develop an integrated approach to helping homeless people, who often have multiple needs. Numerous studies have demonstrated that the multiple and complex needs of homeless people—which may include medical care, mental health care, substance abuse treatment, housing, income support, and employment services—should not be addressed in isolation but rather through programs that are integrated and coordinated.

As we reported in July 2000, alleviating these barriers would require the federal government to address a number of long-standing and complex issues. An expert panel we convened during the course of our work on the July 2000 report presented a variety of strategies that the federal government could pursue to improve homeless people's access to, and use of, mainstream federal programs. These included (1) improving the integration and coordination of federal programs, (2) making the process of applying for federal assistance easier, (3) improving outreach to homeless people, (4) ensuring an appropriate system of incentives for serving homeless people, and (5) holding mainstream programs more accountable for serving homeless people.

The issues the panel members identified are not new to the federal agencies responsible for administering mainstream programs, and federal agencies have tried to address them for years with varied degrees of success. For example, as we reported in July 2000, with regard to improving coordination and simplifying the application process, the Department of Health and Human Services (HHS) developed an information system design in the 1980s that facilitated state efforts to combine the eligibility determination process for Medicaid, the Food

Stamp Program, and Aid to Families With Dependent Children.[9] In addition, several states are planning or implementing their own automated systems to coordinate the delivery of services provided by multiple federal programs. However, these projects have faced several serious challenges, owing, in part, to the complexity of the system of aid for low-income people and the difficulties inherent in managing any large information technology project.

Another mechanism for coordination of targeted and mainstream programs is the Interagency Council on the Homeless, which was established by Congress in 1987 to help streamline the governments approach to homelessness by bringing together representatives of federal agencies that administer programs or resources that can be used to alleviate homelessness. In 1994, however, because of congressional concern that the Council was not effectively coordinating a streamlined federal approach to homelessness, funds were not appropriated for the Council and it became a voluntary working group. In fiscal year 2001, the Congress funded the Council again. The conference report to the fiscal year 2002 HUD appropriations directed that the Council be placed under the President's Domestic Policy Office, that meetings be held at least semi-annually, and that the chairmanship of the Council be rotated among the Secretaries of HUD, Health and Human Services, Labor, and Veterans Affairs.[10]

In terms of increasing accountability, the Government Performance and Results Act of 1993 requires federal agencies to collect performance data and use these data to hold programs accountable for their performance. However, we reported in 1999, the extent to which federal agencies were using this process to hold mainstream service providers more accountable for serving homeless people was not yet clear. Nevertheless, we reported in 1999 that communities were increasingly using outcome measures to manage their homeless assistance programs, focusing less on the types and numbers of activities performed and more on the results achieved.[11] In

[9] Aid to Families With Dependent Children, which provided eligible families with monthly cash assistance, was replaced by the Temporary Assistance for Needy Families block grant for the states.

[10] H.R. Conf. Rep. No. 272, 107th Cong., 1st Sess. 110 (2001).

[11] U.S. General Accounting Office, *Homelessness: State and Local Efforts to Integrate and Evaluate Homeless Assistance Programs*, GAO/RCED-99-178 (Washington, D.C.: June 29, 1999).

Minnesota, for example, the state-funded Family Homeless Prevention and Assistance Program is an outcome-based program that provides agencies with flexible grants but holds them accountable for achieving certain measurable outcomes related to preventing homelessness among families. One outcome measure used by the program is the number of at-risk families who maintain stable housing.

Federal agencies have developed a large body of knowledge about serving homeless people effectively through the McKinney-Vento Act programs and various demonstration and research projects targeted to homeless people. These programs and demonstration projects clearly show there are strategies mainstream programs can adopt to better serve the homeless population in such areas as mental health, substance abuse treatment, primary health care, housing, and job training. In 1994, we recommended that the secretaries of HUD, HHS, Veterans Affairs, Labor, and Education incorporate the successful strategies for working with homeless people from the McKinney-Vento Act demonstration and research projects into their mainstream programs. Although the federal agencies have taken some steps to implement our recommendation, members of the expert panel we convened during our review of barriers to access to mainstream programs emphasized that these efforts could go further. They said that federal agencies could do more to incorporate into mainstream programs the "best practices" for serving the homeless population that have been learned from past demonstration and research projects.

In conclusion, Mr. Chairman, although the wide array of assistance provided by HUD's McKinney-Vento Act programs is critical to meeting the diverse needs of homeless people, their complex and differing eligibility and funding requirements cause coordination and administrative challenges for HUD and the communities that rely on the funds. HUD has made a commendable effort in trying to improve coordination and streamline the administrative burden within the existing legislative framework for these programs. To the extent that further streamlining and simplification can be achieved by consolidating the McKinney-Vento programs, it will help HUD more efficiently administer these programs. However, this consolidation should be viewed only as a first step. To meet the goal of ending chronic homelessness in 10 years, another important step for the Administration and the Congress is to alleviate the barriers that homeless people encounter as they seek services from mainstream programs. A number of long-standing and complex issues such as improving the integration and coordination of federal programs, ensuring

an appropriate system of incentives for serving homeless people, and holding mainstream programs more accountable for serving homeless people will need to be more fully addressed in order to alleviate the barriers to accessing mainstream programs.

Mr. Chairman, this completes my prepared statement. I would be happy to respond to any questions.

Contacts and Acknowledgment

For further contacts regarding this testimony, please contact Stan Czerwinski at (202) 512-6520. Individuals making key contributions to this testimony included Susan Campbell and Jason Bromberg.